

Individual's Name _____
SSN: ____ - ____ - ____ **DOB:** ____ - ____ - ____
Waiting List ☐ **yes** ☐ **no**

Person completing form _____
Relationship to individual _____
Status _____

SCL Emergency Form

In order to be considered for emergency services, please complete this form in its entirety. Verification may be requested concerning any information that is incomplete or unclear. Attach any additional relevant information if necessary.

Current Situation:

1. Where does the individual live?
2. How is this arrangement working?
3. Is there a guardian? ☐ yes ☐ no
If yes, what is the type of guardianship? ☐ Parent of a minor child
☐ Conservator ☐ Limited Guardianship ☐ Full Guardianship ☐ Other
What is the guardian's involvement in providing care?
4. What is the involvement of family? What prevents the family from being able to provide care? *List contacts and reasons they are unable to provide care.*
5. Does the health status of any caregiver or potential caregiver affect their ability to support the individual? If so, how? *Provide documentation from whenever possible.*

Past Efforts and Services: *To qualify for Emergency SCL Services, any and all other possible appropriate services must have been tried.*

6. Is the individual receiving services or funding from the local mental health center or any other source? ☐ yes ☐ no *If yes, list services received and the name and number of the contact person(s).*
7. What services has the individual received in the past? How long were they provided and why were they unsuccessful?

Abuse, Neglect, Exploitation (A/N/E): *(If applicable)*

8. If there have been complaints of abuse/neglect/exploitation, what were the findings?
List name of protective services worker.

Psychiatric Hospitalization:

9. Is the individual currently in a psychiatric hospital? ☐ yes ☐ no *If yes, send treatment team notes signed by the members of the treatment team of the hospital indicating that the individual has met treatment goals and is ready for discharge to a community placement.*

Statement from Guardian: *The following should be filled out and signed by the guardian.*
What services does the individual need?

Guardian's Signature: _____

Statement from Individual:

What help do you need to live in the community?

Individual's Signature: _____

Internal Use Only
Date Reviewed:
Action Taken: